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AUTHOR Kane, James J.
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ABSTRACT

A description is provided of "Uncomplicated Grief and Bereavement," a course designed to provide the graduate nursing student with the assessment, diagnosis, planning, intervention, and evaluation skills required to facilitate a normal bereavement outcome among persons experiencing the loss of a significant other. The course description first outlines course philosophy, allotment of class time, target student populations, and anticipated student dropout rate. A course glossary defines the terms "anticipatory grief," "bereavement," "cognitive therapy," "crisis intervention," "grief," and "loss." The next section outlines major course goals related to the counseling of grieving and bereaved clients and identifying individuals at risk for complicated bereavement, and discusses long-range course objectives. A listing of course materials, including texts, general references, and media center materials, is followed by descriptions of the following course units: (1) characteristics of grief and bereavement; (2) precipitants to grief reaction; (3) bio-psycho-social factors affecting bereavement outcomes; and (4) facilitating uncomplicated bereavement outcomes. Each unit description contains an overview of the topic, and lists goals, objectives, sample test items, and readings. Finally, course grading, procedures for course revision, and expectations of students are discussed. (LAL)

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Nursing 433

Uncomp[illegible]icated Grief and Bereavement

University of California, Los Angeles

James J. Kane

Prepared: Winter Quarter, 1984

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II. Course Description

A. The Philosophy of the School of Nursing at University of California at San Diego (U.C.S.D.) views humans as being in a constant state of dynamic equilibrium with their environments. Homeostasis is maintained with a flexible line of defense that responds to stressors from biological, psychological and sociological spheres. This philosophy draws heavily from Newman's Conceptual Model of nursing practice and is incorporated throughout the undergraduate and graduate curricula at U.C.S.D.

It is the belief that masters prepared graduates will be able to draw from the realm of nursing science and other indisciplinary sciences to strengthen an individual's flexible line of defense and maintain homeostasis.

This course is designed to provide the graduate student in nursing with the skills required to employ the nursing process (assessment, diagnosing, planning/intervening and evaluating) among a population of persons experiencing a loss of a significant other to facilitate a normal bereavement outcome (maintain homeostasis). Specific techniques from the medical and psychological sciences will be explored as interventions adaptable to facilitate normal grieving. Students are encouraged and supported in efforts to integrate their clinical experiences this quarter with the theoretical approaches described in this course. The course will conform to the general university requirements for courses of this nature (i.e.: add-drop deadline) and run over a usual 10 week quarter.

Time assignment:

Wednesdays 1 p.m. - 4 p.m. 4 units

Student Populations:

Students will elect to take this course in fulfillment of the elective requirements in the Masters of Nursing Science program. The majority of students taking this course would anticipate needing the skills it provides and generally will be from the psychiatric-mental health subspecialty. Those with a foundation in psychotherapeutic techniques

will be at an advantage due to the nature of the course content in some areas. Due to the limited number of allowable enrollment (25) preference will be given to students who will most likely require the skills the course provides in their chosen career. Students from disciplines outside the nursing [i.e.: social welfare] will be given the option to enroll after nursing students, providing space is still available.

It is anticipated that student drop out would be limited to approximately 20% (5) and would fall among those student least likely to require the skills the course emphasizes. Students can drop out within the approved university drop-out period. Those students could then select an alternate elective to fulfill their requirements to graduate. These students would be asked to speak to the instructor prior to dropping out since adaptation to fulfill course objectives could potentially be made and reasons for leaving may prove valuable in assessing the course for areas of needed revision.

III. Glossary

Anticipatory grief: a grief reaction initiated in advance of the loss (anticipated), or as seen in individuals coping with a lost object (i.e.: departure of a person, separation from a person, war, loss of limb).

Bereavement: all physiological, psychological, behavioral and social response patterns displayed by an individual following the loss of significant others.

Cognitive therapy: aim to help clients unlearn troublesome symptoms (with or without insight) whose etiology lies in errors in thoughts or perception, i.e.: in grief; "I caused Harold's death!" or "I won't be able to live without her."

Crisis Intervention: psychological resolution of an individual's immediate crisis and restoration to the level of functioning prior to the crisis. The four steps are (1) assessment, (2) planning an intervention, (3) intervention, and (4) resolution and anticipatory planning.

Grief: psychological and physiological reactions, specifically the feelings and emotional responses related to bereavement.

Loss: the disintegration of a social relationship with a significant other leading to a potentially drastic change in living and social conditions.

IV. Course Goals

A. The conceptual framework and philosophy of nursing at U.C.S.D. requires that graduates be skilled at facilitating individuals normal adaptive responses to individual environmental stressors in a variety of settings. The goals of this course are congruent with the curriculum philosophy in a population of grieving persons.

Upon completion of this course students will:

1. acquire skills and knowledge that are valuable when counseling grieving and bereaved clients.
2. be able to predict individuals at risk for a complicated bereavement.

B. Long Range Course Objectives

1. On being contacted one year after graduation 80% of the graduates in settings where these skills are necessary, will state that information from this course has been valuable to facilitate uncomplicated bereavement among their clients.
2. On being contacted one year following graduation, 80% of the graduate coming in contact with potentially grieving individuals will state they are able to predict those at greatest risk for a complicated bereavement.

Unit	Week	Areas of Instruction
I	1	Course overview Definition of Terms Characteristics of Grief and Bereavement
	2	Characteristics continued Presentation Topics selected
II	3	Loss as a precipitant of grief Quiz Unit I
	4	Potential loss - anticipatory grief
III	5	Biological stressors contributing to the character of the grief response. Quiz Unit II Student Presentations (3) (Unit II)
	6	Psychological and Social factors contributing to the grief response (Case Presentations Unit III) Student Presentations (3) (Unit II) Papers due (Unit II)
IV	7	Cognitive Therapy in Morbid Grief Reactions. Student Presentations (3) (Unit II)
	8	Crisis Intervention (Introduction) Cognitive Therapy Role Play (Quiz)
	9	Crisis Intervention (Summation) Crisis Intervention Role Play (Quiz)
	10	Final Exam 2 hours

V. Materials of Instruction:

TEXTS

Kane, J.J. (1986). Readings and Syllabus for N433. San Diego: UCSD Publishers.

Schoenberg, B., A. Weiner, I. Berber, A. Kutscher, D. Peretz, & A. Carr (ed). (1975). Bereavement: its psychosocial aspects. New York: Columbia University Press.

OTHER GENERAL REFERENCES

Engel, G.L. (1962). Psychological development in health and disease. Philadelphia: Saunders.

Kubler-Ross, E. (1969). On Death and Dying. New York: MacMillan Publishing Company.

Schoenberg B., A. Carr, D. Peretz and A. Kutscher (Eds.) (1970). Loss and Grief: psychological management in medical practice. New York: Columbia Press.

Most required readings are either in syllabus packet or on reserve in the biomedical library.

Media Center:

Several cassette tapes of Aaron Beck conducting cognitive therapy sessions are available on loan from the media center. (2) Video cassettes of crisis intervention are also available for viewing at the media center. These resources have been reserved in the section for psychiatric-mental health students under N433. It is strongly recommended that these be viewed during the corresponding units.

Unit I

Characteristics of Grief and Bereavement

Grief and bereavement processes have distinct symptomatologies and run characteristic courses. An understanding of the normal response is the basis for determination of morbid or complicated reactions to loss.

I. Goal: Students can recognize the characteristics of the bereavement process.

Objective: 1. Given a list of 30 signs and symptoms, students will with 90% accuracy pick the characteristics present in uncomplicated bereavement and tell how long they would expect these symptoms to be present. Performed in class in 20 minutes.

Sample test items:

Unit I. Objective I:

Stem	Answer		
nausea	no		
insomnia	yes	for	2 weeks
numbness	yes	for	1-2 days
anger	no		

II. Goal: Students will differentiate the grief response from a major depressive disorder.

Objective: 2. In 20 minutes of class time, given a list of 20 signs and symptoms, students will match with 90% accuracy those which apply to uncomplicated bereavement, those applicable to major depression and those that occur in both. (Based on information acquired in class and DSM III criteria).

III. Goal: Students will know the characteristics of a pathological grief response.

Objective: 3. In 10 minutes of class time, given a list of 5 symptoms of grief, students will describe in 10-20 words what characteristics would cause these to be describe as pathological. (80% accuracy).

(stem) identification with the deceased.

(answer) pathological if persisting longer than 2 weeks

All exams will be conducted under standard testing conditions without references.

Unit I

Readings

American Psychiatric Association (1980). Diagnostic and statistical manual of mental disorders, 3rd Ed., Washington D.C.: A.P.A.

* Bowlby, J. & Parkes, C. (1970). Separation and loss. In E. Anthony & C. Koupernek (Eds.), International yearbook for child psychiatry and allied disciplines. New York: Wiley & Sons.

Engel, G.L., 1961. Is grief a disease? Psychosomatic Medicine, 23, 18-22.

R * Lindemann, E. (1944). Symptomatology and management of acute grief. American Journal of Psychiatry, 101, 141-148.

R * Wahl, C. (1970). The differential diagnosis of normal and neurotic grief following bereavement. Psychosomatics, 11, 104-106.

R Wiener, A. (1975) The process of bereavement. In B. Schoenberg (et. al.) (Eds.). Bereavement: its psychosocial aspects. (pp. 210-222). New York: Columbia University Press.

Key: R = Required

* = in packet with syllabus

Unit II

Precipitants to Grief Reactions

Characteristics of the grief response occur in a variety of situations where an individual senses a loss in addition to loss of a loved-one. The loss need only be subjectively significant to the individual and could range from the loss of limb to item of jewelry or other material object. The degree of reaction can be subjective also.

I Goal: Students will be aware of the variety of health care and other settings that a bereavement response in reaction to a real or perceived loss, can occur.

Objective I: Students will select, from the situations listed, an area of individual interest and,

(a) write a 10-20 page paper describing what makes this situation one where a grief reaction may be seen, the biopsychosocial stressors unique to the situation, the indicators implying the necessity for intervention and the type of intervention most applicable. Papers will conform to APA format. 2 weeks prior to due date students will submit an outline of the paper including 3 references.

or

(b) present a 30 minute talk covering the same content areas as described above. A rough outline of the talk will be submitted two weeks earlier. Presentations will include at least 2 goals, 2 objectives, and at least 3 references. Use of available media from the audio visual lab is encouraged.

Provisions has been made (see schedule) for nine presentations, but if a greater number of students have an area particular interest, arrangements can possibly be made. If topic areas are not of interest, alternates can be considered, creativity is encouraged (see me). Topics for presentations will be selected during Week II's session. Suggestions for readings or sources in various areas are available at request.

Situations:

Emergency Department
Critical Care
Neonatal Intensive Care
Spinal Trauma
Major Surgery
Divorce
Pediatrics
Post partum
Sibling loss
Suicide - i.e.: family, sibling, spouse, etc... prevention centers.
Disasters
Community Mental Health Center

Evaluative Criteria: (All components of equal value)

Presentations:

1. Content
2. Organization
3. Thoroughness
4. Documentation
5. Professional Delivery

Papers:

1. Content
2. Organization
3. Thoroughness
4. Documentation
5. Adherence to A.P.A. format & grammatically correct. (less than 5 errors)

Unit II

Readings

R Aldrich, C.K. (1974). Some dynamics of anticipatory grief. In B. Schoenberg, A.C. Carr, A.H. Kutscher, & D. Peretz (Eds.), Anticipatory grief (pp. 3-10). New York: Columbia University Press.

R * Briscoe, W. & Smith, J.B. (1975). Depression in Bereavement and Divorce. Archives of General Psychiatry. 32, 439-448.

R * Marris, P. (1974). Loss and change, (pp. 285-328). New York: Random House.

* Parkes, C.M. (1970). The first year of bereavement. Psychiatry, 33, 444-468.

* Pranulis, M.F. (1972). Loss: A factor affecting the welfare of the coronary patient. Nursing Clinics of North America, 17, pp. 445-54.

* Raphael, B. (1977). Preventative intervention with the recently bereaved. Archives of General Psychiatry, 34, 1450-54.

Unit III

Bio-psycho-social Factors Effecting Bereavement Outcome

Literature indicates that certain individuals may intrinsically be at risk for a complicated bereavement. Preventative measures have been indicated in many cases. Factors effecting grief outcome can include the precipitating life events, which influence the perception of the loss, in addition to individual social and environmental stressors.

I Goal: Students will be aware of the bio-psycho-social factors effecting bereavement reactions.

Objective 1. Students will in groups of 3 give 10-15 minute presentations synopsizing case studies of individuals exhibiting pathological grief and describe the precipitating life events and/or bio-psycho-social factors that contributed. 100%

Objective 2. Outside of class students will develop a check list of 10-20 biological, or psychological or sociological factors that a staff nurse could employ to help determine individuals at risk for a complicated bereavement. Appropriate references will be cited. 100%

Unit III

Readings

R Caplan G. (1974). Support systems and community mental health. (pp. 248-262). New York: Behavioral Publishers.

R * Hauser, M.J. (1983). Bereavement outcome. Journal of psychosocial and mental health services. 21, (9) pp. 23-32.

Lopata, H. (1975). Grief work and identity reconstruction. Journal of Geriatric Psychiatry, 8-9, 41-48.

R * Nuckoills, K. (1975). Psychosocial assets and life crisis: clinical implications. American Journal of Epidemiology, 95, 431-444.

R * Parkes, C.M. (1976). Determinants of outcome following bereavement. Omega, 6(4), 303-330.

Unit IV

Facilitating Uncomplicated Bereavement

Pathologic grief reactions can be due to intrinsic causes unique to each individual. Appropriate therapeutic interventions is determined by the ability to assess attributes that lead to the morbid grief reaction and apply appropriate interventions. Two specific areas are focused on in therapy for grieving individuals, prior history including social support in response to the loss and cognitive processes surrounding the loss.

I Goal: Students will be aware of the role and skills of Cognitive Therapy in grief reactions.

Objective I. In class over twenty minutes, given two case studies, student will list the errors in cognition the individual demonstrates and the appropriate therapeutic technique applicable. 90% accuracy.

Objective II. Two sets of two students will role play (these students are exempt from objective I) the parts of cognitive therapist and bereaved client. The client will demonstrate errors in cognition amenable to a cognitive therapeutist's treatment. The therapist will apply some (not necessarily all) appropriate interventions. The class will list the errors in cognition and appropriate treatment and be prepared to participate in an open discussion critiquing the actors' behavior. 80%

II Goal: Students will be aware of the applicability of Crisis Intervention Theory to grief reactions.

Objective III: Given a picture of an algorithm of an individual in crisis, students will in class in 15 minutes reconstruct the same algorithm after crisis theory has been applied. 90%

Objective IV: Two sets of two students (exempt from Objective III) will role play the parts of crisis therapists and clients in crisis. As in the cognitive therapy situation, the class will describe on paper the areas where crisis theory could focus and what the intervention would be. Students will be prepared to participate in an open discussion critiquing the actor's demonstrations. 80%

Unit IV

Readings

R Aguilera, D.C. & Messick, J. (1982). Crisis intervention, theory and methodology. St. Louis: C.V. Mosby Company.

R * Beck, A.J. (1983). Cognitive therapy of Depression: theory and practice. Hospital and Community Psychiatry, 34, 12-40.

R * Gauthier, J. & Marshall, W. (1977). Grief: A Cognitive Behavioral Analysis. Cognitive Therapy and Research 1(1) 39-44.

Gurak, J.J. (1983). Separation and bereavement reactions. Psychiatric quarterly. 88.(2), pp. 244-252.

* Hooper, D.B. (1978). Crisis theory for grief reactions in long term parenterally nourished patients. Heart and Lung 38, 320-328.

Ramsay, R.W. (1977). Behavioral approaches to bereavement. Behavioral Research and Therapy, 15, 131-135.

Final Exam

The final exam will be conducted during the last session of class for approximately two hours. The goal of this final exam is to require an incorporation of the overall unit objectives to meet the long term goals of this course. The following are the objectives of the final examination.

Objective I. In one hour of the last class session students will pick from among three case studies of bereaved persons, the categories of stressors, the individual stressors applicable to each category and which of the individuals (persons) will be at greatest risk for a complicated bereavement. 80% accuracy.

Objective II. During an additional hour of the last class session, students will with 80% accuracy describe appropriate interventions and resources applicable to two of the three case studies (including the one at greatest risk) of the above objective.

VII. Evaluation

A. Grades: Students meeting most of the objectives for each individual unit including papers, and presentations will receive an A or A-. Individuals failing to meet a majority of the objectives, yet meeting minimum criteria on major projects (unit II and final exam) will be given consideration in grading towards the B range. Individuals unable to complete the minimum criteria on the final exam will be allowed to take a comparable make-up exam in one week. Inability to attain minimum criteria on the make-up exam will lead to a grade of D (assuming other criteria have been met).

B. Course Revision: Students are encouraged philosophically by the curriculum of U.C.S.D. School of Nursing to be creative and innovative in personal intellectual pursuits. This will be reinforced in this course. Students able to evidence completion of objectives as described using alternate media (i.e.: visiting bereavement support group and reporting to class) may be eligible to be exempt from those equivalent objectives (with prior approval)

During class meetings, in addition to described behaviors (i.e.: role plays), the instructor may lecture, use audio visual aids, or invite speakers as deemed appropriate to meet course objectives. Revision of content may be necessary to facilitate students completion of objectives in allotted time frames. A seminar, open discussion-like atmosphere oriented to clarification of concerns and dealing with personal feelings about death will be encouraged. Need for greater or less emphasis on specific content areas may be indicated by test results and the open discussions.

C. 90% of students continuing to completion of the course are expected to meet minimum criteria level of unit objectives.

As indications that a failure is eminent (i.e.: b mid-quarter) students will be met to explore alternate means of meeting course objectives and/or reasons for inability to complete requirements. See grades regarding make-up final. All students indicating course work leading to a grade of less than B will be encouraged to come for counseling (office hours and room numbers will be announced in first session).

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